

UNITED STATES DISTRICT COURT
DISTRICT OF MASSACHUSETTS

-----X

RICHARD W. DUGGAN,
Plaintiff,

v.

Civil Action No. 04-11116-DPW

JOHN E. POTTER, POSTMASTER
GENERAL

Defendant.

-----X

DECLARATION OF MARY ANN KEEFE

I, Mary Ann Keefe, make the following declaration in lieu of an affidavit, pursuant to 28 U.S.C. § 1746:

1. This declaration is made upon my personal knowledge. I am over 21 years of age and I am competent to give this declaration in all respects.
2. I am employed by the United States Postal Service as an EEO Dispute Resolution Specialist at 25 Dorchester Ave, Boston, Massachusetts.
3. I am responsible for receiving and processing EEO complaints filed by employees and applicants for employment in the Boston District of the United States Postal Service. I also counsel EEO complainants. I also have custody and control over EEO related records.
4. I certify that the annexed records are true and correct copies and are photocopies of original records on file in said office and in my custody.
5. It is a routine practice of the Postal Service to create and/or maintain these records.
6. The said records were made in the regular course of business.

7. Richard Duggan, Plaintiff, contacted the EEO office on December 10, 2003. Mr. Duggan submitted information for pre-complaint counseling on January 5, 2004. See document attached hereto as Exhibit 1. He alleged age discrimination in connection with actions taken by the Plant Manager to place him out of his MDO position and into a training detail.
8. I interviewed Mr. Duggan on January 16, 2004. Thereafter, on February 11, 2004, I mailed Mr. Duggan a letter with a Notice of Right to File a Formal Complaint with instructions for filing within 15 days. In my letter, I advised him that failure to file within the 15 day time frame could result in his complaint being dismissed as untimely. See documents attached hereto as Exhibit 2.
9. Mr. Duggan filed a formal complaint on April 16, 2004, which was 45 days beyond the deadline for filing his formal complaint. Mr. Duggan stated he had mailed the original complaint on February 22, 2004, and provided a copy of the envelope which was a postal "penalty" envelope without a postmark. See documents attached hereto as Exhibit 3.
10. The Agency dismissed Mr. Duggan's complaint on April 29, 2004 on the grounds that he had untimely filed his EEO complaint.
11. A review of postal EEO records reflects that Mr. Duggan has filed formal EEO complaints on 2 occasions in the past: June 26, 1995, and October 25, 1995.

I declare under the penalty of perjury that the foregoing is true and correct to the best of my knowledge and belief.

Executed at Boston, Massachusetts, this 18th day of October, 2004.



Mary Ann Keefe

Duplicate sent Rick
12/24/03

PRE-011310-2001

U.S. Postal Service

Certified Mail No.	Date Mailed or Hand Delivered on 12/10/03
By (Initials) SC	Case No. 113-021-0014-04

Information for Pre-Complaint Counseling

On Dec. 10, 2003 you requested an appointment with a Dispute Resolution Specialist.
(Month, Day, Year)

Important: Please read. You should complete this form and return it to the EEO office within 10 calendar days of receipt. This is the only notification that you will receive regarding the necessity for you to complete this form.

A. Requester Information

Name (Last, First, MI) <u>DUGGAN, Bud. W.</u>	Social Security No. <u>032-32-1555</u>	Home Telephone No. <u>(508) 857-3792</u>
Your Mailing Address <u>103 Oak Lane #6 Brockton MA 02301-0912</u>		
Name of Postal Facility Where You Work <u>Boston P + DC</u>		Office Telephone No. Cellular = <u>(617) 594-8710</u>
Address of Postal Facility <u>25 Dorchester Ave. Boston MA 02205</u>		Email Address*
Employment Status (Check One) <input type="checkbox"/> Applicant <input type="checkbox"/> Casual <input type="checkbox"/> TE <input checked="" type="checkbox"/> Career	Position Title <u>SMDO</u>	Grade Level <u>EAS-24</u>
Pay Location <u>600</u>	Tour <u>3</u>	Duty Hours <u>3-11:30 pm.</u>
Off Days (If Tour, Show Nights Off) <u>S/S</u>		Time in Current Position <u>5 Years + Months</u>
Your Supervisor's Name <u>Frank Neri</u>		Supervisor's Title <u>Plant Mgr.</u>
		Supervisor's Telephone No. <u>(617) 654-5100</u>

*Providing this information will authorize the U.S. Postal Service to send you important documents electronically.

B. Discrimination Factors

Prohibited discrimination includes actions taken based on your Race, Color, Religion, Sex, Age (40+), National Origin, Physical and/or Mental Disability, or in Retaliation (actions based on your participation in prior EEO activity). These categories are referred to on this form as factors.

What factor(s) of Discrimination are you alleging? (Please be specific, i.e., Race-African American, Sex-Female).

AGE

For Retaliation Allegations Only. If you are alleging retaliation discrimination, provide the date(s) and specifics of the EEO activity that you feel caused you to be retaliated against.

- On 11-28-03 I engaged in EEO activity. Case No.: _____
(Month, Day, Year)
- On _____ I engaged in EEO activity. Case No.: _____
(Month, Day, Year)

C. Description of Incident/Action

Please use the space below to briefly describe the incident or action that prompted you to seek EEO counseling at this time.

On 11-28-03, 20 03
Month, Day Year

I received the attached LTR removing me from my position as SMDO T3 and assigning me to a flag detail. The plant mgr has not discussed in detail any shortcomings of my performance since being in my SMDO position in June 03. He has replaced me with a much younger MDO.

EXHIBIT 1

D. Comparisons

Explain why, based on the factors you cited in Section B, you believe that you were treated differently than other employees or applicants in similar situations

1. AIC MDO'S

(Name of Employee)

AGB

Factor(s) that describe the employee, i.e., sex (male), National Origin (Hispanic)

was treated differently than I when:

No other MDO has been placed in this MDO development program.

2.

(Name of Employee)

Factor(s) that describe the employee, i.e., sex (male), National Origin (Hispanic)

was treated differently than I when:

3.

(Name of Employee)

Factor(s) that describe the employee, i.e., sex (male), National Origin (Hispanic)

was treated differently than I when:

E. Official(s) Responsible for Action(s)

List the name(s) of the official(s) who took the action that prompted you to seek counseling at this time.

1a. Name FRANK WEXI

b. Title PLANT MANAGER

c. Office Boston

d. Grade Level P605

2a. Name

b. Title

c. Office

d. Grade Level

Retaliation Allegations Only: Was/were the official(s) listed in Section D above aware of your prior EEO activity?

☐ No ☐ Yes If yes, explain how the official(s) became aware:

F. Resolution

What are you seeking as a resolution to your pre-complaint?

MAX ALLOWABLE UNDER LAW

G. Grievance/MSPB Appeal

On the incident that prompted you to seek EEO counseling, have you:

1. Filed a grievance on the same issue?

☐ No

☐ Yes

If yes,

(Date)

(Current Step)

2. Filed a MSPB appeal on this issue?

☐ No

☐ Yes

If yes,

(Date Appeal Filed)

H. Anonymity

You have the right to remain anonymous during the pre-complaint process.

Do you desire anonymity? ☒ No ☐ Yes

I. Representation

You have the right to retain representation of your choice. (check one)

☒ I waive the right to representation at this time.

☐ I authorize the person listed below to represent me.

Name of Representative	Representative's Title	
Organization	Telephone Number ()	Email Address*
Mailing Address (Street or P.P. Box, City, State and Zip +4)		

* Providing this information will authorize the U.S. Postal Service to send your representative important documents electronically.

J. Documentation

Please attach any documentation you wish to submit to support your allegation(s). Include a copy of any written action(s) that caused you to seek counseling at this time.

Note: If you are alleging mental and/or physical disability, it is important for you to submit medical documentation of your disability during the pre-complaint process.

K. Privacy Act Notice

Privacy Act Notice. The collection of this information is authorized by the Equal Employment Opportunity Act of 1972, 42 U.S.C. § 2000e-16; the Age Discrimination in Employment Act of 1967, as amended, 29 U.S.C. § 633a; the Rehabilitation Act of 1973, as amended, 29 U.S.C. § 794a; and Executive Order 11478, as amended. This information will be used to adjudicate complaints of alleged discrimination and to evaluate the effectiveness of the EEO program. As a routine use, this information may be disclosed to an appropriate government agency, domestic or foreign, for law enforcement purposes; where pertinent, in a legal proceeding to which the USPS is a party or has an interest; to a government agency in order to obtain information relevant to a USPS decision concerning employment, security clearances, contracts, licenses, grants, permits or other benefits; to a government agency upon its request when relevant to its decision concerning employment, security clearances, security or suitability investigations, contracts, licenses,

grants or other benefits; to a congressional office at your request, to a expert, consultant or other person under contract with the USPS to fulfill an agency function; to the Federal Records Center for storage; to the Office of Management and Budget for review of private relief legislation to an independent certified public accountant during an official audit of USPS finances; to an investigator, administrative judge or complaint examiner appointed by the Equal Employment Opportunity Commission for investigation of a formal EEO complaint under 29 CFR 1614; to the Merit Systems Protection Board or Office of Special Counsel for proceedings or investigations involving personnel practices and other matters within their jurisdiction; and to a labor organization as required by the National Labor Relations Act. Under the Privacy Act provision, the information requested is voluntary for the complainant, and for Postal Service employees and other witnesses.

L. Authorization

I am aware that the claim(s) contained herein shall by-pass the pre-complaint process if like or related to a formal complaint that I have already filed, or if the claim(s) constitutes a spin-off complaint. (A spin-off complaint contests the manner in which a previously filed complaint is being processed.) In completing this PS Form 2564-A, *Information for Pre-complaint Counseling*, I recognize that the Manager, Dispute Resolution will review the claim(s) contained herein and determine how they shall be processed. I will be notified, in writing, if the Manager determines that my claim(s) shall be processed as amendments or appendages to a formal complaint that I have already filed.

Please print your name here

Richard W Duggan

Your Signature

Richard W Duggan

Date signed

1-4-04

Please return this form to:

MANAGER EEO DISPUTE RESOLUTION
BOSTON DISTRICT
25 DORCHESTER AVE., ROOM 3007
BOSTON MA 02205-3411



February 11, 2004

Richard W. Duggan
103 Oak Lane #6
Brockton MA 02301-0912

Re: EEO Case No. 1B-021-0014-04

Dear Mr. Duggan:

I have concluded the inquiry into your allegation of discrimination raised on December 10, 2003, and this letter will serve as your final interview of the counseling stage.

Plant Manager Frank Neri was interviewed and stated that you were not removed from your position; you are still MDO on Tour 3. He said your actual job title is MDO, the "senior" is an unofficial title meaning highest on the tour, but the Boston District does not have an SMDO position, which would be a Level-25. He said a manager has the right to determine if his staff needs training. He said you demonstrated an inability to perform in several areas. He made the decision that you needed to better understand the Postal Service as a whole, how other operations impact our operation, and how we impact other operations. According to Mr. Neri, his intention is retraining to help make you successful. He said you are not in the MDO Development Program. He is using the Program as an outline and guide to help you do your job better, to make favorable decisions, not detrimental decisions.

Mr. Neri said he told you he was giving you a choice and he didn't threaten a downgrade. He said he would support you in any way if you chose another position at your current level or a lower level. He said if that was your choice he would assist you to obtain it, or he would proceed with the retraining to help make you successful in your current position.

He said his offer continues to be that he would include any additional training that would make you successful as an MDO.

If you are not satisfied with the results of the counseling, you now have a right to file a formal complaint. Enclosed you will find Notice of Right to File an Individual Complaint. Also enclosed is PS Form 2565, Formal Complaint of Discrimination in the Postal Service. If you wish to file a formal complaint, you will have 15 days from the date you receive this letter to do so, by completing the PS Form 2565 and mailing it to the address indicated on the PS Form 2579-A. Failure to file within the 15-day time frame could result in your complaint being dismissed as untimely. If you do not wish to file, no action is necessary.

If you have any questions, please call me at 617-654-5624.

Sincerely,

A handwritten signature in cursive script that reads "Mary Ann Keefe".

Mary Ann Keefe
EEO Dispute Resolution Specialist

Enclosures

PS 2579A
PS 2565
Certificate of Service

25 Dorchester Avenue, Room 3007
Boston MA 02205-9411

EXHIBIT 2



Notice of Right to File Individual Complaint

TO: Name (First, MI, Last)

Re: Case No.

RICHARD W. DUGGAN

1B-021-0014-04

This notice will attest to the fact that on 2/11/04 VIA FIRST CLASS MAIL, I advised you of the actions taken concerning the alleged discrimination that you brought to my attention. If the matters that you raised during the pre-complaint processing stage have not been resolved, you have the right to file a formal complaint within 15 calendar days of the date you receive this notice. If you decide to file a formal complaint, your complaint must be put in writing and signed by you or your attorney, if you retained one to represent you. I am providing you with PS Form 2565, EEO Complaint of Discrimination in the Postal Service, for this purpose. Your complaint must be delivered to:

EEO COMPLAINTS PROCESSING
GENERAL MAIL FACILITY
25 DORCHESTER AVE RM 3007
BOSTON MA 02205-9411

Your complaint will be deemed timely filed if it is received at this address before the expiration of the 15-day filing period, or if it bears a postmark that is dated before the expiration of the filing period. In the absence of a legible postmark, it must be received by mail within 5 calendar days of the expiration of the filing period.

An EEO discrimination complaint can be processed only if the complainant alleges he or she has been discriminated against on the basis of race, color, religion, sex, age (40+), national origin, disability or retaliation for past EEO activity. In addition, courts have ruled the complainant has the burden of presenting evidence which would give rise to an inference of discrimination. A complaint must contain the following information:

- (1) Your name, address, position, and level;
 - If you change your address, you have a regulatory requirement to immediately report the change to the Manager, EEO Compliance and Appeals, in your area. (If you are employed at Postal Service Headquarters, a Headquarters Field Unit or by the Postal Inspection Service, you should notify the EEO Appeals Review Specialist at Postal Service Headquarters.)
- (2) The specific action or matter complained of, the date of occurrence, and the names of the official(s) who took the alleged discriminatory action at issue in this complaint;
- (3) The specific type of discrimination alleged, e.g., race - African American, sex - female, etc.;
 - If you allege disability discrimination, the alleged disability must be more than a temporary condition.
 - If you allege age discrimination, you must have been at least 40 years of age on the date the alleged discriminatory action occurred.
- (4) A brief statement of the facts that led you to believe you were discriminated against and the names of similarly situated individuals whom you believe were treated differently than you.
 - If you allege a failure to accommodate a disability or your religion, you must explain the accommodation sought and why you sought it.
 - If you allege retaliation, you must show a connection between the action at issue in the complaint you are filing and your past EEO activity. You must also show that when the alleged discriminatory action at issue in this complaint occurred, the management who took the action was aware that you had previously engaged in protected activity.
- (5) The name of the EEO Dispute Resolution Specialist who provided you with this notice and the date you received this Notice of Right to File.

Privacy Act Notice

Privacy Act Notice. The collection of this information is authorized by the Equal Employment Opportunity Act of 1972, 42 U.S.C. § 2000e-16; the Age Discrimination in Employment Act of 1967, as amended, 29 U.S.C. § 633a; the Rehabilitation Act of 1973, as amended, 29 U.S.C. § 794a; and Executive Order 11478, as amended. This information will be used to adjudicate complaints of alleged discrimination and to evaluate the effectiveness of the EEO program. As a routine use, this information may be disclosed to an appropriate government agency, domestic or foreign, for law enforcement purposes; where pertinent, in a legal proceeding to which the USPS is a party or has an interest; to a government agency in order to obtain information relevant to a USPS decision concerning employment, security clearances, contracts, licenses, grants, permits or other benefits; to a government agency upon its request when relevant to its decision concerning employment, security clearances, security or suitability investigations,

contracts, licenses, grants or other benefits; to a congressional office at your request; to an expert, consultant, or other person under contract with the USPS to fulfill an agency function; to the Federal Records Center for storage; to the Office of Management and Budget for review of private relief legislation; to an independent certified public accountant during an official audit of USPS finances; to an investigator, administrative judge or complaints examiner appointed by the Equal Employment Opportunity Commission for investigation of a formal EEO complaint under 29 CFR 1614; to the Merit Systems Protection Board or Office of Special Counsel for proceedings or investigations involving personnel practices and other matters within their jurisdiction; and to a labor organization as required by the National Labor Relations Act. Under the Privacy Act provision, the information requested is voluntary for the complainant, and for Postal Service employees and other witnesses.

Signature of Dispute Resolution Specialist

Date Issued

Your Signature

Date Received

Mary Ann Zeele

2/11/04

Dispute Resolution Specialist: If you are mailing this Notice, you must send it by Certified Mail, Return Receipt Requested.

PS Form 2579-A, March 2001

EEO Complaint of Discrimination in the Postal Service
(See Instructions and Privacy Act Statement on Reverse)

1. Name		2. SSN	3. Case No. 1B-021-0014-04
4a. Mailing Address (Street or P.O. Box)		4b. City, State and ZIP + 4	
5. Email Address *		6. Home Phone ()	7. Work Phone ()
8. Position Title (USPS Employees Only)	9. Grade Level (USPS Employees Only)	10. Do You Have Veteran's Preference Eligibility? <input type="checkbox"/> Yes <input type="checkbox"/> No	
11. Installation Where You Believe Discrimination Occurred (Identify Installation, City, State, and ZIP+4)		12. Name & Title of Person(s) Who Took the Action(s) You Alleged Was Discriminatory	
13a. Name of Your Designated Representative		13b. Title	
13c. Mailing Address (Street or P.O. Box)		13d. City, State and ZIP + 4	
13e. Email Address *		13f. Home Phone ()	13g. Work Phone ()
* Providing this information will authorize the Postal Service to send important documents electronically.			
14. Type of Discrimination You Are Alleging <input type="checkbox"/> Race (Specify): <input type="checkbox"/> Sex (Specify): <input type="checkbox"/> Color (Specify): <input type="checkbox"/> Age (40+) (Specify): <input type="checkbox"/> Religion (Specify): <input type="checkbox"/> Retaliation (Specify Prior EEO Activity): <input type="checkbox"/> National Origin (Specify): <input type="checkbox"/> Disability (Specify):			15. Date on Which Alleged Act(s) of Discrimination Took Place
16. Explain the specific action(s) or situation(s) that resulted in you alleging that you believe you were discriminated against (treated differently than other employees or applicants) because of your race, color, religion, sex, age (40+), national origin, or disability. Note that if your allegation is like or related to a previous complaint, that complaint may be amended. 29 C.F.R. § 1614.106(d)			
17. What Remedy Are You Seeking to Resolve this Complaint?			
18. Did You Discuss Your Complaint with a Dispute Resolution Specialist or a REDRESS Mediator? <input type="checkbox"/> Yes (Date you received the Notice of Final Interview): <input type="checkbox"/> No			
19a. Signature of Dispute Resolution Specialist Mary Ann Keefe			19b. Date 2/11/04
20. Signature of Complainant or Complainant's Attorney			21. Date of this Complaint



CERTIFICATE OF SERVICE

For timeliness purposes, it will be presumed that PS Form 2579-A; Notice of Right to File Individual Complaint, with attachments, was received within five (5) calendar days after it was mailed. I certify that on this date, this PS Form 2579-A was mailed to the following parties:

Name of Counselor: Richard W. Duggan
Street: 103 Oak Lane #6
City, State, Zip: Brockton Ma 02301-0912

Name of Representative: _____
Street: _____
City, State, Zip: _____

Mary Ann Keefe
Name of Sender
EEO DRS
Title

2-11-04
Date

April 14, 2004

Memorandum for Mary Anne Keefe, EEO Office

Subj: EEO complaint #1B-021-0014-04, mailed 2-22-04

Mary Anne,

As you requested in your email today, here is a brief explanation of what transpired regarding the paperwork for my EEO complaint dated 2-22-04:

I was on AL in Florida from Feb 8 thru Feb 15, 2004. Our mail was being held by the Brockton PO. February 16th was the holiday (President's day). I left for Albany (detailed 17-27) the morning of February 17, 2004. Our mail was not delivered till approximately 3:00PM on February 17, 2004, after I was in Albany NY.

I returned to my residence Friday afternoon February 20th. I opened the envelope and dated the PS form 2579A as received on 2-20-04. On Sunday February 22, 04 I filled out the paperwork, and dated it February 22, 2004. I placed the envelope in the local mailbox on Sunday evening, February 22, 2004.

Attached please find copies of:

PS Form 2579-A dated 2-20-04

PS Form 2565 dated 2-22-04

copy of the envelope I sent them in dated 2-22-03(sic).


Richard W. Duggan

ONE OF SEVERAL COPIES

EXHIBIT 3



EEO Complaint of Discrimination in the Postal Service

(See Instructions and Privacy Act Statement on Reverse)

1. Name Richard W Duggan		2. SSN 103232155	3. Case No. 15-021-0014-04
4a. Mailing Address (Street or P.O. Box) 103 OAK Lane #1		4b. City, State and ZIP + 4 Brockton Ma 02301 0912	
5. Email Address *		6. Home Phone ()	7. Work Phone (617) 594 8710
8. Position Title (USPS Employees Only) MDO	9. Grade Level (USPS Employees Only) EAS 24	10. Do You Have Veteran's Preference Eligibility? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
11. Installation Where You Believe Discrimination Occurred (Identify Installation, City, State, and ZIP+4) Boston AADC 25 Dorchester Ave Boston		12. Name & Title of Person(s) Who Took the Action(s) You Allege Was Discriminatory FRANK NPK: Lead Plant MGR.	
13a. Name of Your Designated Representative N/A		13b. Title	
13c. Mailing Address (Street or P.O. Box)		13d. City, State and ZIP + 4	
13e. Email Address *		13f. Home Phone ()	13g. Work Phone ()
* Providing this information will authorize the Postal Service to send important documents electronically.			
14. Type of Discrimination You Are Alleging <input type="checkbox"/> Race (Specify): <input type="checkbox"/> Color (Specify): <input type="checkbox"/> Religion (Specify): <input type="checkbox"/> National Origin (Specify): <input type="checkbox"/> Sex (Specify): <input checked="" type="checkbox"/> Age (40+) (Specify): <input type="checkbox"/> Retaliation (Specify Prior EEO Activity): <input type="checkbox"/> Disability (Specify):			15. Date on Which Alleged Act(s) of Discrimination Took Place 11-28-03 (approx)
16. Explain the specific action(s) or situation(s) that resulted in you alleging that you believe you were discriminated against (treated differently than other employees or applicants) because of your race, color, religion, sex, age (40+), national origin, or disability. Note that if your allegation is related to a previous complaint, that complaint may be amended. 29 C.F.R. § 1614.106(d) On 11-28-03 I received the letter from FRANK NPK: Assigning me to a TRAG, doctor, the Plant MGR had not discussed any, shortening of my performance as he states. He had replace me with a much younger mdo. On Nov 12 he tells me he would support a request for a downgrade & place me at MAX allowable under LAW. Put back in my position. No retaliation.			
17. What Remedy Are You Seeking to Resolve this Complaint? MAX Allowable under LAW. Put back in my position. No retaliation.			
18. Did You Discuss Your Complaint with a Dispute Resolution Specialist or a REDRESS Mediator? <input type="checkbox"/> Yes (Date you received the Notice of Final Interview): <input type="checkbox"/> No			
19a. Signature of Dispute Resolution Specialist Mary Lynn Keefe			19b. Date 3/11/04
20. Signature of Complainant or Complainant's Attorney Richard W Duggan			21. Date of this Complaint 2-22-04



Notice of Right to File Individual Complaint

TO: Name (First, MI, Last)

Re: Case No.

RICHARD W. DUGGAN

1B-021-0014-04

This notice will attest to the fact that on 2/11/04 VIA FIRST CLASS MAIL I advised you of the actions taken concerning the alleged discrimination that you brought to my attention. If the matters that you raised during the pre-complaint processing stage have not been resolved, you have the right to file a formal complaint within 15 calendar days of the date you receive this notice. If you decide to file a formal complaint, your complaint must be put in writing and signed by you or your attorney, if you retained one to represent you. I am providing you with PS Form 2565, EEO Complaint of Discrimination in the Postal Service, for this purpose. Your complaint must be delivered to:

EEO COMPLAINTS PROCESSING
GENERAL MAIL FACILITY
25 DORCHESTER AVE RM 3007
BOSTON MA 02205-9411

Your complaint will be deemed timely filed if it is received at this address before the expiration of the 15-day filing period, or if it bears a postmark that is dated before the expiration of the filing period. In the absence of a legible postmark, it must be received by mail within 5 calendar days of the expiration of the filing period.

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(1) Your name, address, position, and level;

- If you change your address, you have a regulatory requirement to immediately report the change to the Manager, EEO Compliance and Appeals in your area. (If you are employed at Postal Service Headquarters, a Headquarters Field Unit or by the Postal Inspection Service, you should notify the EEO Appeals Review Specialist at Postal Service Headquarters.)

(2) The specific action or matter complained of, the date of occurrence, and the names of the official(s) who took the alleged discriminatory action at issue in this complaint.

(3) The specific type of discrimination alleged, e.g., race - African American, sex - female, etc.;

- If you allege disability discrimination, the alleged disability must be more than a temporary condition.
- If you allege age discrimination, you must have been at least 40 years of age on the date the alleged discriminatory action occurred.

(4) A brief statement of the facts that led you to believe you were discriminated against and the names of similarly situated individuals whom you believe were treated differently than you.

- If you allege a failure to accommodate a disability or your religion, you must explain the accommodation sought and why you sought it.
- If you allege retaliation, you must show a connection between the action at issue in the complaint you are filing and your past EEO activity. You must also show that when the alleged discriminatory action at issue in this complaint occurred, the management who took the action was aware that you had previously engaged in protected activity.

(5) The name of the EEO Dispute Resolution Specialist who provided you with this notice and the date you received this Notice of Right to File

Privacy Act Notice

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contracts, licenses, grants or other benefits; to a congressional office at your request; to an expert, consultant, or other person under contract with the USPS to fulfill an agency function; to the Federal Records Center for storage; to the Office of Management and Budget for review of private relief legislation; to an independent certified public accountant during an official audit of USPS finances; to an investigator, administrative judge or complaints examiner appointed by the Equal Employment Opportunity Commission for investigation of a formal EEO complaint under 29 CFR 1614; to the Merit Systems Protection Board or Office of Special Counsel for proceedings or investigations involving personnel practices and other matters within their jurisdiction; and to a labor organization as required by the National Labor Relations Act. Under the Privacy Act provision, the information requested is voluntary for the complainant, and for Postal Service employees and other witnesses.

Signature of Dispute Resolution Specialist

Date Issued

Your Signature

Date Received

2/11/04

2-20-04

Dispute Resolution Specialist: If you are mailing this Notice, you must send it by Certified Mail, Return Receipt Requested.

PS Form 2579-A, March 2001

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

EEO Office Room 3007
MARY Ann KEEF
25 DOXCHESTER AVE
BOSTON MA 02205-9411

2/22/03



EEO Office Room 3007
MARY Ann KEEF
25 DOXCHESTER AVE
BOSTON MA 02205-9411

4-15-04



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

USPS Mary Ann Keefe
EBO of AGO 3rd Flr
25 Dorchester St
Boston MA 02205

PSN 04 400001 010